



School Based Child & Family Support Team
Service Plan Form

Date: _____

Student Name: _____

School: _____

Student's Birthdate: _____

Instructions: This form is to be filled out during the CFST meeting. First, please provide a brief summary of the youth's situation at home and at school. Then consider the student's needs and appropriate goals for the student. Develop a plan for how to address the student's needs and help him or her meet these goals. Identify who is responsible for making sure each piece of the plan occurs. Identify a target date for completing this goal or meeting this need. Establish a time and location for the next meeting. Finally, all persons who are involved in and committed to this plan need to sign the form.

Please provide a summary of the **student/ family situation:**

Please provide a summary of the **family strengths and/or personal resources** that will assist the clients(s) achieve their goal(s) (ex. involved in their religious community, good social support network, receiving services from an agency):



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NEEDS	DESIRED OUTCOMES (Goals)	STRENGTH-BASED INTERVENTIONS (services, activities, etc recommended to meet the youth's needs & achieve desired goals)	BY WHOM (Who is responsible for making sure the intervention occurs)	TARGET DATE (By when will this outcome be achieved)
Basic Needs				
Emotional Needs				
Educational/Developmental/Vocation Needs				
Physical Health Needs				
Family/Social Support Needs				
Other				

Back-up Plan for a Crisis:

Next Meeting	Next Meeting Date	Next Meeting Location

Signatures: _____
Student / Date

Parent/Guardian / Date

Team Member / Date

Team Member / Date

Team Member / Date

Team Member / Date



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